Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Na SUBWAY #3954	me				Telephone Number Est 812/948-7822		Date of Inspection	ı	ID#
Address 3400 GRANT LIN	E RO	AD SU	ITE I	O, NEW ALBANY IN 4	Own		07/30/202	1	
Owner						Purpose X Routine	Follow Up		Released 08/16/2021
DEANNA BURKI	IAKI				4	- Koutile	06/10/202	1	06/10/2021
Owner's Address 9306 ARTHUR COFFMAN RD GREENVILLE, IN 47124						Follow-upComplaintPre-Operational			
Person in Charge DAQUAN WAGNER									
Responsible Person's Email						Temporary	Menu Type		
MATT62087@GN	MAIL.	COM				HACCP	1 _ 2 _	<u>X</u> 3 _	4 _ 5 _
Certified Food Ha	ındler					Other (list)			
				AND NARRATIVE COLUMNS MARKED "C" NS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN	THE NA	ARRAIVE COLUMN MARKED AS "R"			
Section #	C	NC	R	Narrative			To Be Corrected		
136	Χ			Observed an employee drink without a liccooler.	d on p	rep table near walk-in	Today/Retrain staff		
171	X			Observed employee on prep-line making Our office recieved a complaint that there with bare hands. Both hands should be gl food.	was	an employee making food	•		
218		X	X	Observed quat. sanitizer at 3 comp sink n 10 seconds in solution. Repair or adjust e into 3 comp until machine can dispense p ppm with 10 seconds contact time. Strips	quipn roper	nent. Manually pour sanitize ly and test strips read 200			
292		X		Observed an empty container of detergen dispenser.				Today	
411		X		Observed light bulbs out over prep line, in inside utility closet and over 3 comp sink at 25 footcandles. It must be 70 or above, walk in cooler. Unblocked or Install addit to use his phone light to see properly.	Measured lighting at 3 comp sink Observed light being blocked in				
138		Χ		Observed employee without a hair restrai	nt.		1	day	
431		X	Χ	Observed the floors in utility closet to be	in nee			days	
				drink spill in lobby drink cabinet (repeat violation).					
430		Х	Х	Observed missing cabinet door on front h stated they have contacted the corporate of waiting for them to be restocked.				month	
433		Χ	Χ	Observed mop left in bottom of yellow m dry.	op bu	icket. Mop should be hung t	о (Correcte	d/ retrain staff

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Establishment Name SUBWAY #3954 Address 3400 GRANT LINE ROAD SUITE D, NEW ALBA Owner DEANNA BURKHART Owner's Address 9306 ARTHUR COFFMAN RD GREENVILLE, IN Person in Charge DAQUAN WAGNER Responsible Person's Email		Telephone Number Est 812/948-7822 Own (502) 541-5820 Purpose X Routine Follow-up Complaint Pre-Operational Temporary	Date of ID#			
MATT62087@GMAIL.COM		HACCP				
Certified Food Handler MATT DAYVAULT		Other (list)				
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLIVIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN T		D IN THE NARRAIVE COLUMN MARKED AS "R"				
Section # C NC R Narrative			То Ве С	orrected		
Summary of Violations C 2 NC Received by (name and title printed):	<u>7</u> R <u>4</u>	Inspected by (name and title printed):				
Received by (signature):		Thomas Snider CFS Inspected by (signature):	ire): Tromae snider			
cc:	cc:		cc:			